



Riverside County Public Access Defibrillation (AED) Program Registry Form

This form is a fillable form. Please type your information into each category. Once completed, please print and fax it into our office.

NAME OF COMPANY/FACILITY WHERE AED(S) IS/ARE LOCATED		
ADDRESS OF COMPANY/FACILITY		
Address:		
City:	State:	Zip:
SPECIFIC LOCATION(S) WHERE AED(S) IS/ARE LOCATED		
PAD PROGRAM COORDINATOR/CONTACT		
Name:	Title:	
Address:		
City:	State:	Zip:
Office #:	Cell #:	
PAD PROGRAM MEDICAL DIRECTOR		
Name:	CA Medical License #:	
Address:		
City:	State:	Zip:
Office #:	Cell #:	
AED EQUIPMENT INFORMATION		
Make:		
Model:		
Number of AED(s) placed:		
NOTES/COMMENTS		

Mailing Address: 4210 Riverwalk Parkway ■ Suite 300 ■ Riverside, CA 92505

Phone: (951) 358-5029 ■ Fax: (951)358-5160 ■ TDD: (951)358-5124 ■ www.rivcoems.org